

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34777

State File No. _____

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5499 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lincoln</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lincoln</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Waldo</u> c. (Last) <u>Todd</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 26, 1890</u> |
| 9. AGE (In years last birthday) <u>62</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Wm. D. Todd</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maria Hess</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maimie Todd</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1917-1919</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maimie Todd</u> ADDRESS <u>Hatfield, Missouri</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (c) <u>Nephrolithiasis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>5 years</u> <u>24 hours</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from Jan 23, 1952, to Oct 4, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 8 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Frank B. Matteson MD</u> (Degree or title) | | 23b. ADDRESS <u>Grant City, Mo.</u> | | 23c. DATE SIGNED <u>10-6-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 6, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Center Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hatfield, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>Oct. 21-52</u> | | REGISTRAR'S SIGNATURE <u>Florence C. Powell</u> | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dimpfle</u> ADDRESS <u>Grant City, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410

OCT 24 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by _____

Bill A. Dunfee
working under my personal supervision.

Student Embalmer No.

Signed, Bill Dunfee
Student Embalmer

Signed

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Leant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.